

# Second District STD Control Plan

## Community Stakeholder Group Meeting Minutes

February 3, 2012 | 9:00 am – 12:00 pm

<b>Meeting Purpose:</b>	This Community Stakeholder Group (CAG) will be meeting routinely to share the Second District STD Control Plan (D2CP) with community stakeholders, receive feedback on the plan to make refinements, and empower members to help reduce STD disparities in the Second District in partnership with the Los Angeles County Department of Public Health.
<b>Meeting Location:</b>	Office of the 2 <sup>nd</sup> District Supervisor, Mark- Ridley Thomas 700 Exposition Park Drive / Los Angeles, CA 90037
<b>Meeting Facilitator:</b>	Black Women for Wellness, LA County Department of Public Health Division of HIV and STD Programs, Office of the 2nd District

### Discussion: (Items/Knowledge Shared)

#### 1. Registration and Breakfast

#### 2. Welcome and Introduction by Janette Robinson-Flint of Black Women for Wellness

#### 3. Yolanda Vera, Senior Health Deputy for 2<sup>nd</sup> District - Supervisor Mark Ridley-Thomas

Yolanda Vera provided opening remarks and welcomed all attendees, including the Empowerment Congress who have been helping guide the 2<sup>nd</sup> District's priorities. She shared the story that students from Drew sent letters to Mark Ridley-Thomas about the STD Crisis and this really brought the problem to his attention. The Supervisor then talked to Peter Kerndt at LA County Public Health who gave them the data - the big picture of the STI issue in the 2<sup>nd</sup> District. The Supervisor's Office then talked with church leaders and other community leaders to develop the program that we are all here to discuss today.

She concluded by saying that none of us can do all of this ourselves – we all need to work in partnership with the community. We are all here because we know the problem, we are gathered here to figure out how to solve this problem most effectively with your help.

#### 4. Group Exercise

Attendees were asked to write answers to the following questions on the pads of paper provided:

Question 1: How do you define power?

*Answer:* Power is ability to change. It's money, influence and control, it's politics and inequality, and intention. Power is leadership and ability to influence. "Absolute power corrupts, absolutely." Power is the ability to affect change successfully. Power is one who has the money, has the ability to make change or affect change, the ability to affect destiny or influence the destiny of others. Sometimes it's the great manipulator.

Question 2: What is an advocate?

*Answer:* An advocate speaks for those who cannot speak for themselves, an ally, and someone who is informed and has influence.

Question 3: Define what a community advisory group is and what makes it good/not good?

*Answer:* It is a group of community representatives who oversee, advise and advocate. It is made up of community members with a concern that want to address those concerns. It is a

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group of stakeholders with a focus on a cause, a sounding board to give and take feedback.

### **5. Introduction of Collaborating Partners By Michelle Cantu of the California Family Health Council**

Collaborating partners were introduced– Department of Public Health, including Mario Perez and Black Women for Wellness. She thanked Black Women for Wellness (BWW) for taking lead to bring people together today. She announced that all attendees would be provided a contact list for everyone to be able to contact anyone with questions throughout out the project.

### **6. Dr. Peter Kerndt, Director of the Sexually Transmitted Disease Program at Los Angeles County Department of Public Health: Assessing the Problem and Defining the Challenge, Description of the Second District STD Control Plan, Questions and Answers (see slide presentation)**

Dr. Peter Kerndt presented on assessing the problem and defining the challenge, he provided a description of the Second District STD Control Plan and Black Women for Wellness and the Department of Public Health answered the following questions from attendees.

#### Q&A:

Q: Is there any use of Apps in this project? There are Apps that can provide an incentive for people who use it.  
A. Peter said we haven't but it's a great idea. It's hard to incentivize, but possible and we want to hear those ideas from you all.

Q. What about people outside of the age group?

A. By law, anyone 12 or older can get tested for any STDs without parental consent. We will test anyone who is legally able to get tested.

Q. Youth cannot even hold onto cell phones. How effective is it for kids to order tests online and have it sent to their parents homes?

A. In the first year of this project, the younger age group (15-19 years old) had lower utilization of the online test. We think that happened because young people do not want a kit mailed to their parents' house. That's why we decided to incorporate outreach workers using tablets and kiosks in pharmacies.

Q. Will we have access to these slides you just presented?

A. Yes, they will be on the 2<sup>nd</sup> District Supervisor's website and the link will be emailed to everyone who provided their email address at registration today.

Q. What training has been provided to the First Ladies organization and what are their goals and objectives? Have any churches planned to conduct any activities?

A. The Supervisor in September convened a gathering of pastors and there was a lot of discussion about why and how they could be involved. That is still being worked out. The First Ladies of the pastors are very interested in making this an important message to their congregation; specifics are not yet finalized.

# Second District STD Control Plan

## Community Stakeholder Group Meeting Minutes

February 3, 2012 | 9:00 am – 12:00 pm

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Q. How are the First Ladies targeting the men (the partners)? This project is about young women dealing with self-esteem issues. These young women are trying to convey a difficult message to their partners and they need help.

A. The numbers of young women infected is too high – much higher than men. We can educate women effectively. The consequences are much more serious for women. When we educate women, we educate the men.

Q. 1. Is this project connected to WIC? WIC is a great stop for women of childbearing age. At Watts, we have 6 or 8 sites and we see women with children and sometimes with a partner – this would be a great entry point.

2. When men are incarcerated and getting out, are we testing them? Those older men are having sex with young girls and this should be addressed

A. We are testing all juveniles as they enter prison, but not incarcerated persons over 18.

Comment – An attendee working on school-level programs made a correction – he said that there is a misconception about the waiting time for students seeking treatment. If people are there early enough, they will be seen, if not they can come back later and they will be seen.

Q. Have you thought about dealing with coaches and physical education and/or science teachers? They should be talked to in order to reach young men. The schools would like more resource and more help.

*Comment:* St. Johns referred to a campus clinic in the community. There were high rates of Chlamydia among female athletes. They went to coaches, most of whom were uncomfortable with it, but some coaches provided education about this and it helped. Coaches can be a great resource.

A. Great, that is the question we are asking of you- who should be here and how do we get them here? Coaches are a great idea. Help us accomplish that. We will be asking you that in our small group discussions shortly. Please keep that in mind for that discussion.

*Comment from Tim of LAUSD* – he thinks it is important for credentialed health teachers to teach about these issues. PE teachers have been resistant and do not have the expertise. The way to access youth is through a mandated health class requirement for graduation. Many charter schools have the ability to release the health education requirement from school curriculum because of a special MOU. As a community, you need to get the community to demand that all schools have health requirement - that's our access point to educate our youth.

Q. Is there any social marketing going on at the Department of Public and Social Services (DPSS) office when people come in for social security benefits?

A. Yes, Public Health went to all of the DPSS offices and distributed cards about the program. That program can be expanded, possibly to WIC and that's something we can do. Great idea.

We need to not only put the materials there, but to keep it there. We cannot only do it once. We need constant contact with schools/principals in order to sustain the same level of support. Relationships and maintenance of that is very important. Public Health cannot do it alone – it has to come from efforts of the community and requires ongoing discussion. It really takes a community to make this change and make this shift.

The STD Department and DPSS are in the same building and health educators have been going to the social security line and doing outreach, handing out condoms and educating.

*Comment:* A representative from Kaiser said that she is so happy that STD has been changed to STI. They use STI at Kaiser. Will county paperwork be changed? Also, Kaiser Harbor City launched an outreach program for

# Second District STD Control Plan

## Community Stakeholder Group Meeting Minutes

February 3, 2012 | 9:00 am – 12:00 pm

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women aged 18-25 years to test for chlamydia and gonorrhea. They see cases on a daily basis for treatment, so that has been successful for Kaiser Harbor City. The big issue Kaiser has seen in the STI workflow process is getting treatment for all partners. There could be consequences, such as allergies if you are treating partners when you do not have their medical history.

#### 7. Mark Ridley-Thomas, 2<sup>nd</sup> District Supervisor

Prevention is important and we know that you are here from many levels of the community to make this happen. We take prevention, management, and eradication of this issue very seriously and we wish to be collaborative and innovative to make sure that what is, does not always have to be. The long-standing nature of this focus of STIs does not have to be tolerated if we get at it. It is high time that we become far more intolerant of allowing young people to suffer and not have a fuller appreciation of the choices they can make. Your being here must mean we are grounded in the same sentiment.

Thank you to the Department of Public Health. You have not done all you will do, expect to do more. Enough is enough, this has gone on too long and we do not have to consign these youngsters to second-class status owing to stigma and ignorance. We have an obligation to let them know their choices. It's not about shame – it's about choice, treatment and a cure. The 2<sup>nd</sup> District is prepared to partner with you (CAG attendees) to make a dent. It goes beyond STIs, it goes to self concept and how these youngsters are walking through life. We have a big responsibility and if this is our way to get through to them, let's do it. It's not about a lack of resources, where there's a will there's a way. How many of you are into results here? Let's make sure we work together and get results.

#### 8. Mario Perez, Director of the LA County Division of HIV and STD Programs (DHSP)

We have an opportunity to move the needles. Historically and unfortunately, STIs have not been at the highest level of priority. It has declined when money is tight and that is what has been happening lately. Recently, the Department of Public Health decided to combine 3 programs into one division so that we can think more strategically about integrating resources. In the past several years, the DPH has been tackling HIV. There are public resources to leverage, but the Department cannot provide enough - we need public and private resources to make this happen. We need a partner with Kaiser, we need to combine on your Thrive Campaign – mention chlamydia and gonorrhea to reduce stigma and shame. It is an ethical imperative to promote sexual and reproductive health of women in our communities. The high rates have been that way for decades, this is not new.

Resources are available. We need to make thoughtful decisions about how we invest resources into the 6 components of the plan. Social marketing – word of mouth and internet are all cheap. Most people found out about *the Don't think, Know* campaign through very cheap methods. We have dozens of community partners in this room. Let's find out today about the roles of partners and let's find a way to work together to get this done. We want to see inequity eliminated - hold us accountable. If things are not working, we need to hear from you. You need to be a governing body, stakeholders and advocates to help shape this plan for the next several years. DPH does not have the reach and scale, we can do policy changes, you need to do community changes and direct activities. Let's change policy at schools and with providers to make testing happen. You have more

# Second District STD Control Plan

## Community Stakeholder Group Meeting Minutes

February 3, 2012 | 9:00 am – 12:00 pm

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answers than we do, so let's work together.

#### 9. Dr. Erylene Piper-Mandy, President and CEO of the Center for Cross Cultural Competence

Dr. Piper-Mandy discussed the social determinants of health. In spite of all her degrees and education, the most important thing she learned in life is from her mother's house. Her mom used to say that the fruit doesn't fall too far from the tree. The advancement of STIs in children is the result of the way in which adults approach sex and relationships. We, as adults, set the example. We need to return the value system to support health. Health is in a social, political and cultural context. Health does not exist outside of that.

My mother used to say – 'no, don't go ask daddy.' Both parents need to provide consistent messages. It's not fair for kids to go to a different parent or authority to get what they want – same with us. We as partners and stakeholders have to say the same thing. Our community has unhealthy historical interactions with public health that have not always been healthy and we carry that baggage when we come together. We need to address this in order to move forward. The stakeholders have to talk to funders. People with community knowledge have to talk to people who do not have community knowledge. If we do not practice cooperation we will not have it. Raising children and being a good parent is hard work and it does not end when a child turns 12 or even 18 years old. We must learn to work together and trust each other.

Kaiser – I love Kaiser, anytime I think anything might be wrong, I go to Kaiser, but as an African American, sometimes people's reaction to us is different than others. If this remains an issue, our kids will not go seek those services. I only have Kaiser because I am an employee of the state of California. If not, I couldn't afford it and I would go to County. She shared the story of her sister's death from lack of care at County. Race, disparity, poverty and a damaging economy are all factors that we need to confront and be creative about fixing to eliminate health disparities.

Her mother says, 'Money, isn't everything, but it's way ahead of what comes second.' Money will not fix the problem if you do not know how the problem gets fixed. Having money is not the same as having wealth – wealth is a perception. All the money that comes will not help if we are not creative with its use. We need to eliminate problems, not perpetuate them.

'My mother said, if you want the house to be clean, start in your room.' Don't skirt around the issue or build a freeway over it - drive through it. Deal with it. You cannot have kids you cannot touch. We have to be able to show our kids that we love them, we trust them, we are not afraid of them. There are kids in and out of foster homes who never have a home, who are never loved or touched or trusted. Let's get creative enough to each touch 3 kids. We cannot reach everyone but we can start with 3. Our kids are going into unhealthy sexual relationships and getting STIs, because there is not enough human touch, love and respect in their lives.

#### Recommendations and a Call to Action:

Let's get to know each other as a community. Spend some time and talk about the problems. Funders, *get into* the community; community, *get out* of the community.

# Second District STD Control Plan

## Community Stakeholder Group Meeting Minutes

February 3, 2012 | 9:00 am – 12:00 pm

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We need to build real bridges. A thing ends as it begins. Think about what you want the ending to look like and make sure it is what you begin with today. Change the world everyday in everything you do. Remember, every single time you do what you do, you touch the future.

### 10. Breakout Sessions (*the following is a compilation of group discussion and written responses from meeting attendants*):

#### Questions for Discussion:

1. What do you like about this plan?
2. What are some possible barriers to this plan?
3. What are we missing in this plan?
4. Any recommendations on how to improve the plan based on your experience and expertise?
5. How can this plan help you in what you and your agency are already doing? How do you see you and your agency playing a role, if any?

#### Question 1. *What do you like about this plan?*

The stakeholders reported that they liked having input on the plan and listening to other community partners' ideas about this campaign. Some stakeholders said that including youth and community empowerment and getting people to think about their own health are important in creating sustainable solutions to the problem.

Expanding Chlamydia and gonorrhea screenings and making home test kits available were all noted as being strengths of this plan, as were case management and partner follow up. Other aspects of the plan that stakeholders like are the social marketing campaign, working with high-risk populations in the street, and working with schools and they would like to see more of that happen. Many stakeholders felt like they can do more if they have more resources, which hopefully this plan can provide.

#### Question 2. *What are some possible barriers to this plan?*

- Schools:
  - School-based stakeholders felt that there are barriers in actually reaching youth. They questioned whether the condom availability program in LAUSD was actually impacting youth and creating change and wondered if kids will really have access to the home test kits. They said that there needs to be more peer groups on campus and more on-campus outreach. The work that is done on campus needs to be innovative and effective to create an impact.
- Stigma:
  - Another barrier to this plan is stigma. Kids might be reluctant to go up to a kiosk in a pharmacy because they do not want their friends or classmates to see them. Also, there is a privacy issue because kids may not want a kit sent to their homes in fear that their parents might find out about it.
  - Clients with repeat infections are often stigmatized and may not want to come back for testing and treatment because of that stigma.



# Second District STD Control Plan

## Community Stakeholder Group Meeting Minutes

February 3, 2012 | 9:00 am – 12:00 pm

### Discussion: (Items/Knowledge Shared)

- Access to Technology:
  - Technology, such as Facebook and cell phone applications can be very useful for kids who have access to those because they can get most of the information they need. At home, however, many people do not have access to the internet which can be a barrier for some. Also, homeless kids are at high-risk and they will not have access to the internet or even have an address to which kits can be sent. There has to be a way to reach everyone regardless of internet access.

*Organizers Response* – The street outreach workers and kiosks in pharmacies are meant to provide access to youth who are without internet or smart phone access.

- Other:
  - Men and boys are not held accountable, nor are they encouraged to seek healthcare regularly.
  - Male counselors are counseling females. Female counselors should be counseling young women.
  - Addressing partner services could be a barrier because people may be unwilling to give partner names.
  - Some women do not want to talk to their partners for fear of violence.

### Question 3. What are we missing in this plan?

- Youth Voice:
  - There should be a youth empowerment council and kids should be invited to attend the community stakeholder meetings so that they can provide their feedback.

*Organizer's Response:* High school kids and youth in the community have been consulted at every step in the development of this plan. Youth chose the outreach materials and helped design the social marketing campaign. Youth gave feedback on how they would want to get services – (online ordering of home test kits, kiosks, outreach workers). The design of each of the 6 components of this program came from ideas and preferences of youth in the community.

The idea of the youth empowerment council is a great idea and we will make that happen. Those are the ideas we need from you, so thank you; that is a great suggestion.

- Outreach and Education:
  - Public Health should be providing presentations and trainings in school classrooms, in churches, for parents, foster parents, foster homes and in group homes.
  - There should be more condom distribution and pamphlets distributed in the community (i.e. more resources). There needs to be more advertizing and framing of services (such as through cell phone applications.)
  - People who work with kids should be trained to provide information and make this project happen. We need to reduce duplication and work together. Also, the plan needs to incorporate a

# Second District STD Control Plan

## Community Stakeholder Group Meeting Minutes

February 3, 2012 | 9:00 am – 12:00 pm

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- way to identify trusted adults in the neighborhood to be involved in this program.
- Partner services and case management needs to be improved.

- Access
  - Youth should be able to get results other than online if there are access issues.

*Organizers Response:* There is a phone number that kids can call to anonymously receive their test results if they do not want to get them online. There are other alternatives that we can implement, such as having kids use outreach workers' tablets to check their results online.

### Question 4. Any recommendations on how to improve the plan based on your experience and expertise?

- Talk to sex workers and include them in the plan. Provide them with outreach, education and testing/treatment options.
- Bring in people work in sport for kids as a way to access youth. Their programs can be an access point for kids. Coaches can help promote the program and provide education for the youth.
- Use technology like Facebook and cell phone applications instead of kiosks – it provides more privacy.
- Change the norms for men and boys who need to be accountable. Men should be encouraged to see a provider regularly.
- Use community and County resources for prevention (provide outreach and educational materials at county and community facilities).
- Mandate health education as a graduation requirement for all high schools.
- Listen to community partners to push forth this campaign.
- Talk about resources that stakeholders can bring back to their offices. How can the community continue to get resources in between the meetings? We want a way to communicate and share resources outside and in between meetings.
- Reach out to the community by providing presentations to schools, churches, foster parents and group homes. Discuss the topic of STDs/HIV in churches.
- Utilize the best resource, which is the kids/youth themselves through a youth empowerment council and involving children in education and outreach.
- Provide education and trainings for parents, teachers and principals. There is a stigma among parents too. There need to be parent conferences and training.
- Provide consistent and sustainable education to all high school students, parents, and persons exiting the jail/prison system.
- Forge partnerships with new mother/baby organizations.

### Question 5. How can this plan help you in what you and your agency are already doing? How do you see you and your agency playing a role, if any?

This plan can help eliminate extra steps for everybody if we work together and pool our resources. Many organizations present expressed that they are interested in being involved in the program and want more information on how to do that. Stakeholders said that it would be helpful if the organizers provide a way for all



# Second District STD Control Plan

## Community Stakeholder Group Meeting Minutes

February 3, 2012 | 9:00 am – 12:00 pm

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the organizations present to connect.

Many organizations represented here see the cases, so increased social marketing and help with case management where cases are followed to ensure treatment would be helpful.

Many stakeholders expressed that more social marketing and new media pieces will help them, having more interaction with campus clubs and school nurses would help, as would starting a youth empowerment summit as an addition or a part of the community stakeholder group.

### 11. Closing Remarks and Next Steps from Black Women for Wellness

This Community Stakeholder/Advisory Group will be meeting every other month on the first Friday:

Friday, April 6<sup>th</sup> 2012

Friday, June 1<sup>st</sup> 2012

Friday, August 3<sup>rd</sup> 2012

Friday, October 5<sup>th</sup> 2012

Friday, December 7<sup>th</sup> 2012

Location: TBD / Contact: [onyenma@bwwla.com](mailto:onyenma@bwwla.com) or call 323.290.5955

We will communicate with you by email so please be sure we have your email address. Information can also be found on the 2<sup>nd</sup> District Supervisor's website.

The 2<sup>nd</sup> District also has the Empowerment Congress, so please come to that as well.

Mark Ridley-Thomas and Dr. Erylene Piper-Mandy gave us a charge today to have a conversation with people here, with your neighbors. Have a conversation because as a stakeholder, we need to make this program work. It is not about the money; it is about our investment.